## Best Available Copy-

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								S0277-1769					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			O₽.	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			U	U2		(Solamin 2)		ATE	FEE	] [	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		IC FEE	<del>                                     </del>		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			42 minus 20=		+ 73	* 23		X\$ 9=		OR	X\$18=	414	
INDEPENDENT CLAIMS					* 2			42=	<u> </u>	1 1	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PR						+4-	$\vdash$	OR	704-	168	
<u></u>							+1	140=		OR	+280=		
* 11	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2				OTAL		OR	TOTAL	1322	
	C		MENDED	IENDED - PART II				SMALL ENTITY			OTHER SMALL E		
		(Column 1)		(Colur		(Column 3)	2"	IALL		OR <b>1 i</b>	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
D.	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X	 42=	<del>                                     </del>	OR	X84=		
٩	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		-		<del>                                     </del>	1			
								140=		OR	+280=		
	0									OR ADDIT. FEE			
		(Column 1)		(Column 2) (Column 3						<b>-</b> ,			
MENT B	. mark	REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
2 0 €	Total	*	Minus	**		=	X	\$ 9=	1	OR	X\$18=		
AMENC	Independent	*	Minus "	***		=	I <sub>×</sub>	42=		1	X84=		
⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM					OR		<u> </u>	
								40=		OR	+280=		
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
		(Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	MBER	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
9	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***	<u> </u>	=	X	12=			X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						^			OR	7,0-1-		
			+14	40=		OR	+280=						
** If	f the "Highest Nurr	mn 1 is less than the mber Previously Pa	aid For" IN THIS	S SPACE is	is less thar	n 20, enter "20."	T ADDIT	OTAL FEE		OR A	TOTAL ADDIT. FEE		
***If	i the "Highest Num The "Highest Numl	mber Previously Pa ber Previously Paid	id For" IN THIS d For" (Total or	3 SPACE in Independent	s less thar ent) is the	n 3, enter "3." highest number f			propriate box				